DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TWO POSITION DOUBLE INJURCTION MOLDING APPARATUS AND METHOD

the specification	of which is attached here	eto unless the following	space is checked:	
	was filed on	as United S	States Application Serial Nu	mber
	nat I have reviewed and a ded by any amendment re		of the above-identified spe	ecification, including the
I acknowledge t	he duty to disclose inforn	nation which is material	to patentability as defined in	n 37 CFR § 1.56.
patent or inventor country other th	tor's certificate, or § 36 an the United States, list	5(a) of any PCT interred below and have also	a)-(d) or § 365(b) of any for national application which identified below, by check nal application having a filin	designated at least one ing the box, any foreign
application on w Prior Foreign Ap Number 1.		<u>Day/Month</u>	ı∕Year Filed	
-	he benefit under 35 U.S.C ation Number	C. § 119(e) of any United Filing Date	l States provisional applicat	ion(s) listed below:
international appropriate of this approvided by the to patentability application and of the control of the cont	plication designating the pplication is not disclose first paragraph of 35 U.S.	United States, listed beld in the prior United States. S.C. § 112, I acknowledge. § 1.56 which becan	ted States application(s), of ow and, insofar as the subject ates or PCT international age the duty to disclose informed available between the is application. Status: patented, pen	ect matter of each of the pplication in the manner mation which is material filing date of the prior

I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and I direct that all correspondence be addressed to that Customer Number.

Customer Number: 020306

Principal attorney or agent: Sean M. Sullivan

Telephone number: 312-913-0001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Yat Kwong Lai

Inventor's signature:

997 Fernandez Drive, Mississauga, Ontario, L5V 1W9, Canada

Residence: Citizenship:

Canadian

Post Office Address:

997 Fernandez Drive, Mississauga, Ontario, L5V 1W9, Canada

Full name of second joint inventor: Paul Matysek

Inventor's signature: _______ Date: _______
Residence: 365 Beresford Ave., Toronto, Ontario, M6S 3B6, Canada
Citizenship: Canadian
Post Office Address: 365 Beresford Ave., Toronto, Ontario, M6S 3B6, Canada